0376

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Willey (Last) Abrahams Sr.

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 13, 1869

9. AGE last birthday: 79 yrs. — If under 1 year: Months. Dnys. — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant, Owner

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Cornelius S. Abrahams

14. MOTHER'S MAIDEN NAME: Clara D. Vanneman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph W. Abrahams Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr Myocarditis - — 8 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - — 8 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949 and that death occurred at 11 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. J. Benson, M.D. — ADDRESS: Port Deposit. — DATE SIGNED: Jan 27 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-26-49 — NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Jan. 26, 1949 — REGISTRAR'S SIGNATURE: Irene E. Daugherty.

24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son, Perryville, Md.

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

902.0 186a 0377

Reg. Dist. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: North East

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Sarah Emma Biles

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Samuel Spencer Biles

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Aug 3 1866

8. AGE:	Years	Months	Days	If less than one day
	82	4	28	..... hrs. ..... min.

9. Birthplace: North East Cecil Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Israel Ira Dean

13. Birthplace: Md

MOTHER

14. Maiden name: Minerva Potter

15. Birthplace: Md

16. Informant: Gafford Dean Biles

Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-7-49 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East, Md

18. Funeral director: Joseph R. Evans

Address: North East Md

19. Jan 3 (Date rec'd by registrar) 1949 Sarah E. Rothermel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 1 1949, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1948, to Jan. 1 1949 and that I last saw h.. alive on Dec. 31 1948

Immediate cause of death	DURATION
Cerebral Hemmorrhage	
Due to: Fall out of bed.	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: C. B. Collins, M.D. M. D. or other

Address: North East, Md. Date signed: 1-3-'49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0378

420.1

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH COUNTY: Cecil — STATE: MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point LENGTH OF STAY (in this place): 8 mos. 17 days HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWARD	WALKER	BOWIE	January	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 5, 1911	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Official Fire Dept. Employee	Fire Dept.	Aspen, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Donald McAlpin Bowie	Anna Stonestreet Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes 9-3-42 to 3-15-46	Unk	Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis

(c) Hypertension & Cardio vascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Medical Examiner for Cecil County — ADDRESS: Rockville — DATE SIGNED: 1-15-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1/18/49	ROCKVILLE UNION CEMETERY	ROCKVILLE, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 16, 1949	Irma E. Daugherty	Robert A. Dempsey	REUBEN PUMPHREY FUNERAL HOME, ROCKVILLE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

241
95c

0379

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) Oakington Farms

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) P. (Last) CAIN

4. DATE OF DEATH (Month) Jan. (Day) 21. (Year) 1949

5. SEX male
5. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 26, 1891
9. AGE last birthday 57 yrs. If under 1 year Months 11 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME John T. Cain - deceased
14. MOTHER'S MAIDEN NAME Agnes Morwood - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Sara A. Cain, widow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia with pleural effusion due to	48 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophy of the right ventricle due to	
	(c) Asthma, bronchial	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Jan. 19, 1949, to Jan. 21, 1949, that I last saw the deceased alive on Jan. 21, 1949, and that death occurred at 1:00 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. E. Trollinger
A.E. TROLLINGER, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. 1-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Jan. 21, 1949
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) Hickory, Md. (State)

DATE REC'D BY LOCAL REG. Jan. 21, 1949
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR John G. Tarring
ADDRESS Aberdeen Md
JOHN G. TARRING FUNERAL HOME
Aberdeen, Maryland

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0380

420.1

CERTIFICATE OF DEATH

93d Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 North St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 200 North St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dennis (Last) Cauley
4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: 3-5-1872 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months 10 Days 6 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Physician | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): New York. | 12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Dennis Cauley. | 14. MOTHER'S MAIDEN NAME: Eliza Wilcox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes. (If year, give war or dates of service): WW I | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Eleanor C Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Elkton | (COUNTY): Cecil | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R L Dodson M.D. ADDRESS Medical Examiner for Cecil County DATE SIGNED 1-11-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. | DATE 1/14/49 | NAME OF CEMETERY OR CREMATORY North East ME | LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. 1/12/49 | REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin | ADDRESS Elkton Md

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

971-3 163g

0381

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 1 Mo. 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospit	STREET ADDRESS (If rural give location) 510 W. Preston St.

3. NAME OF DECEASED (Type or Print)	(First) Norman	(Middle)	(Last) Chambers	4. DATE OF DEATH	(Month) 1 (Day) 9 (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 4-21-27	9. AGE last birthday 21 yrs.	If under 1 year Months 8 Days 18 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Annias Chambers			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW II	16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records, VAH, Perry Point, Md.		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Paralytic Ileus	12 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Seepage of intestinal contents	
	(c) Ingestion of alkali (lye)	11-30-48
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home	(CITY OR TOWN) (COUNTY) (STATE) 510 W.Preston St.,Baltimore,Md.
TIME OF INJURY (Month) 11 (Day) 30 (Year) 48 (Hour) 12.01	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Swallowed Lye

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.C. Dodson M.D.	Medical Examiner for Cecil County	Rising Sun, Md.	1-9-49

23. ~~FUNERAL DIRECTOR~~ REMOVAL (Specify) 1-10-49	DATE	NAME OF CEMETERY OR CREMATORY Balto.Nat'l. Baltimore, Md.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1/10/49	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Mrs. Samuel T. Hemsley D.A.	ADDRESS MRS.SAMUEL T.HEMSLEY, 578 W. Biddle St., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1949
BUREAU V. S.

0382

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 331

CERTIFICATE OF DEATH 830 Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Elk Mills — LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Phoebe	Elizabeth	Cole	Jan	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug 26 1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Elkton Rural Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elisha B Mahoney	Mary E Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	James F. Cole Elk Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, prostate type — 8 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1948, to Jan 9, 1949, that I last saw the deceased alive on Jan 9, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Ralph Andrew, jr M.D. 233 E Main St. Elkton, Md 1/11/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-12-49	Methodist	North East Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/11/49	F R Frazier	Joseph R. Grant North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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422.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Cecil
City or town North East Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town North East Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Susan Sarah Connor

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Robert Connor
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 7 1886

8. AGE: Years 62 | Months 2 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Lancaster Penna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Samuel Miller
13. Birthplace Penna

MOTHER 14. Maiden name Hettie Hoover
15. Birthplace Penna

16. Informant Mrs Martha Stutzman
Address 2211 Wilson Ave Bristol Pa

17. Burial Date thereof 1-8-49
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Union
Location Elkton, R. D.

18. Funeral director Josepa. R. Grant
Address North East. Md

19. Jan 8 1949 Sarah E. Rothermel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 Jan 1949 at 4:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1948 to Jan 1949 and that I last saw h.er alive on 5 Jan 1949

Immediate cause of death	DURATION
Cerebral Vascular Accident	
Due to Cerebral Thrombosis	
Due to Arteriosclerotic Cardio Vascular Disease	
Other conditions Cardiac failure (Chronic)	

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. H. Sinclair M.D.
M. D. or other
Address Perryville Md Date signed Jan 9 '49

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

491 107

0384

Reg. Dist. No. 92

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) two days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location) 269 Mackall St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Stacey	Cooke	January	18,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 9, 1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Chesapeake City, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Cooke	Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia, bilateral	6 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 12, 1949 to Jan 18, 1949, that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Ralph Andrews, Jr.	M.D.	233 E. Main St., Elkton, Md.	Jan 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 21 '49	Bethel	Chesapeake City, Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/21/49	F R Frazer	Hutchinson	Elkton, Md

VS. A15

RECEIVED
JAN 24 1949
BUREAU OF S.

FILM No. G 11 MAR -7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260

0385

CERTIFICATE OF DEATH 61

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cecil Co. Almshouse, Childs - Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Grant (Middle) (Last) Creswell

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 23-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lancaster County - Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Merrill Creswell

14. MOTHER'S MAIDEN NAME: Sarah Sides

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Alms House

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular disease — Interval between onset and death: 1 yr. plus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetis mellitus — unknown upto 10 yrs from present knowledge

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5-, 1948, to 1-13-, 1949, that I last saw the deceased alive on 1-13-, 1949, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. McKnight M.D. ADDRESS Elkton. Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 1-15-49 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) (State) North East, Cecil Co

DATE REC'D BY LOCAL REG. 1/15/49 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR — ADDRESS Joseph R Grant North East Md

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

0386

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 6-1/4 yrs.
HOSPITAL OR INSTITUTION — NAME AND STREET ADDRESS: VA Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 107 BLOOMSBERRY STREET

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) CRONIN

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 8, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 5, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oiler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Patrick Cronin -deceased

14. MOTHER'S MAIDEN NAME: Mary Irvin - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Span-Amer

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe generalized arteriosclerosis	
	(c) Arteriosclerotic heart disease	
	Cerebral sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1942, to 1-12, 1949, that I last saw the deceased alive on Jan. 12, 1949, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. E. Trollinger — ADDRESS: A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 1-13-49

23. REMOVAL (Specify): 1-13-49

DATE: 1-13-49

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/13/49

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son

PENNINGTON & SON, HAVRE DE GRACE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1949
BUREAU F. S.

0387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR ADDITION ITEM # 18 IS ON:

FILE No. G 11 MAR 10 1949

4222
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Mary	(Last) Ewing	4. DATE OF DEATH	(Month) Jan. (Day) 16 (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 24, 1853	9. AGE last birthday 95 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jacob B. Kennard		14. MOTHER'S MAIDEN NAME Hannah Griffith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Samuel E. Ewing, Colora, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	24 hrs.
Antecedent cause(s)	(b) Acute Cardiac Failure	48 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility & Chronic heart failure	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Chronic myocarditis - 3/9/49 Acute
Senility Thrombosis Rt femoral Vein

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1948, to Jan 16, 1949, that I last saw the deceased alive on Jan 14, 1949, and that death occurred at 12:01 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Port Deposit	1-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 19, 1949	NAME OF CEMETERY OR CREMATORY West Nottingham	LOCATION (City, town, or county) (State) Colora, Md
DATE REC'D BY LOCAL REG. Jan. 18, 1949	REGISTRAR'S SIGNATURE Irene E. Dougherty	24. FUNERAL DIRECTOR Lee A. Patterson & Son	ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0388

151X / 468

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: near Blue Ball

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Elkton R.D. #5

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Leon V Ewing

3. (b) Social Security Number:

4. Sex: M.

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Mabel Reitaman

8(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 8 1887

8. AGE: Years: 61 Months: Days: If less than one day: hrs. min.

9. Birthplace: Cecil Co Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: George R Ewing

13. Birthplace: Cecil Co Md

MOTHER — 14. Maiden name: Harriet R Reynolds

15. Birthplace: Cecil Co, Md

16. Informant: Mabel Ewing

Address: Elkton R.D. #5

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-12-49 (month) (day) (year)

Cemetery or crematory: Calvert Friends

Location:

18. Funeral director: J. E. Tyson

Address: Elkton Md

19. Jan 10 - 1949 (Date rec'd by registrar) L M Worthington Registrar

Permit issued 1-10-49

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9 January 1949 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 6th 1948 to 9 Jan 1949:

and that I last saw him alive on 8 Jan 1949:

	DURATION
Immediate cause of death: Stomach, Hemorrhage of.	3 days.
Due to: Stomach, Extensive carcinoma of.	1 yr.
Due to:	
Other conditions: Generalized carcinomatosis of abdomen.	1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: extensive carcinoma (obstructive) of stomach

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wallace M Johnson M.D.

M. D. or other

Address: Newark Dela. Date signed: 1/9/49

RECEIVED
JAN 11 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0389

157X

46g

CERTIFICATE OF DEATH

Reg. Dist. No. 9 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE W (Middle) GOODYEAR. (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower

8. DATE OF BIRTH: May 16 1869

9. AGE last birthday: 79 yrs. If under 1 year: Months 8 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Elkton Rural Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luke Goodyear.

14. MOTHER'S MAIDEN NAME: Elizabeth Woodside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George Goodyear.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H L Dodson M.D. Medical Examiner for Cecil County Rising Sun Md 1-27-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE: Jan 28/49; NAME OF CEMETERY OR CREMATORY: Cherry Hill; LOCATION (City, town, or county) (State): Cherry Hill Md

DATE REC'D BY LOCAL REG. 1/28/49; REGISTRAR'S SIGNATURE: E R Frazer

24. FUNERAL DIRECTOR: H W Pippin; ADDRESS: Elkton, Md

RECEIVED
FEB 1 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE SHOWN ON:

FILM No. G 118 JAN 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0390

420.1
131a

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Newark Del R.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William H. Harrington

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widower

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 1872

8. AGE: Years	Months	Days	If less than one day
76 ~~77~~	5	2	hrs. min.

9. Birthplace Cecil Co
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Robert C. Harrington
13. Birthplace Cecil Co Md

MOTHER
14. Maiden name Sarah Hoops
15. Birthplace Harford Co Md

16. Informant Miss Helen Harrington
Address Newark Del R.D.

17. Burial Date thereof Jan 18 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Nottingham

Location Near Rising Sun Md

18. Funeral director R. T. Jones
Address Newark Del

19. Jan 17 1949 F R Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1949, at 8 05 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2d 1947, to Jan 14 1949 and that I last saw him alive on Jan 13, 1949 19

Immediate cause of death	DURATION
Coronary occlusion	10 minutes
Due to Arteriosclerosis	?
Due to	
Other conditions chronic interstitial nephritis	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wallace M Johnson M.D.
M. D. or other

Address Newark Dela Date signed 1-14-49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

153X Be 0391

CERTIFICATE OF DEATH

46e

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 8 mos. 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural give location): 604 S. Kenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) A.B. (Last) HASSE

4. DATE OF DEATH: (Month) Jan. (Day) 14, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Apr. 24, 1887

9. AGE last birthday: 61 yrs. If under 1 year: Months 8, Days 20, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: BERNARD HASSE - Deceased

14. MOTHER'S MAIDEN NAME: WILHEMINA MUSCH - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 207-10-3857

17. INFORMANT: Miss Marie Nagler - niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, diffuse, abdominal — Interval between onset and death: Unknown

Antecedent cause(s) Due to: Adeno-carcinoma of large bowel

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 1. Coronary arteriosclerosis and generalized arteriosclerosis

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 4-16, 1948, to 1-14, 1949, that I last saw the deceased alive on Jan. 14, 1949, and that death occurred at 2:40 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. Rollinger M.D., Chf. Professional Services, VAH, Perry Point, Md. 1-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 1-14-49

NAME OF CEMETERY OR CREMATORY: First Evangelical Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan. 14, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Clarence F. Hoffman

ADDRESS: CLARENCE F. HOFFMAN 1639 N. Broadway, Baltimore, Md.

RECEIVED
JAN 15 1949
BUREAU V. S.

0392

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

956X

CERTIFICATE OF DEATH

129

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Perry Point — LENGTH OF STAY (in this place) 1 mos. 7 das.	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Flemington
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Veterans Administration	STREET ADDRESS (If rural give location) Rt. #2

3. NAME OF DECEASED (Type or Print)	(First) BLISS	(Middle) T.	(Last) HOFFMAN	4. DATE OF DEATH	(Month) Jan. (Day) 20, (Year) 1949
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Feb. 27, 1890	9. AGE last birthday 58 yrs.	If under 1 year Months 10 Days 23 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Arden, West Virginia	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. 236-14-4551	17. INFORMANT Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis, diffuse — 7-10 days

Antecedent cause(s) Due to:

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Necrosis, suture line Due to

(c) Sub-total gastrectomy for peptic ulcer (1-4-19)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan. 4, 1919	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --	(CITY OR TOWN) -- (COUNTY) (STATE) (Perry Pt. Hosp. Cecil Co.)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Dec. 13, 1948, to Jan. 20, 1949, that I last saw the deceased alive on Jan. 20, 1949, and that death occurred at 6:22 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Trollinger

A.E. TROLLINGER, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. 1/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE Jan. 21, 1949	NAME OF CEMETERY OR CREMATORY Unknown	LOCATION (City, town, or county) (State) Flemington, W.Va.
DATE REC'D BY LOCAL REG. Jan. 21, 1949	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Pennington & Son	ADDRESS

PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Bc 0393

442 x 131a

Reg. Diat. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 days

Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.

How long in hospital or institution? 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 555 E. 38th Street
(If rural, give LOCATION)

2.(a) If veteran, name war: WW-I ✓

3. (a) FULL NAME: KILROY, John L.

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife: Loretta C. Kilroy

6.(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): March 10, 1894

8. AGE: Years	Months	Days	If less than one day
54	9	23	..... hrs. ..... min.

9. Birthplace: Texas, Baltimore Co., Md.
(Town, county, and state)

10. Usual occupation: Retired Clerk

11. Industry or business: [illegible]

FATHER
12. Name: John Kilroy
13. Birthplace: Ireland

MOTHER
14. Maiden name: Catherine Lindsay
15. Birthplace: Texas, Maryland

16. Informant: Mrs. Loretta C. Kilroy (wife)
Address: 555 E. 38th St., Baltimore, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan. 3, 1949 (month) (day) (year)

Cemetery or crematory: National Cemetery

Location: Baltimore, Maryland

19. Funeral director: Pennington & Son
Address: PENNINGTON & SON
Havre de Grace, Md.

19 Jan. 3 (Date rec'd by registrar) 19 49 Irene E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2, 19 49 at 8:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8, 19 48 to January 2, 19 49 and that I last saw h... im... alive on January 2, 19 49

Immediate cause of death	DURATION
Embolus, pulmonary, right	4-5 days
Due to: Cardio vascular renal disease	
Due to:	
Other conditions: Arteriosclerosis, generalized, severe	

(Include pregnancy within 3 months of death)

Major findings at operations: --

Date of op.:

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: A. E. Trollinger M. D. or other

A.E. TROLLINGER, M.D., Chief, Professional Svcs.

Address: VAH, Perry Point, Md. Date signed: 1-3-49

RECEIVED
JAN 5 1949
MUNSAN, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 0394

CERTIFICATE OF DEATH 93d Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rising Sun, Rural
LENGTH OF STAY (in this place) 16 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Knight (Last) Kirk

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-3-1875

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cecil Co., Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Knight

14. MOTHER'S MAIDEN NAME: Mary E. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Elisha D. Kirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Did not attend, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6.40 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) R C Dodson M.D. Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 1-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 1-29-49 | NAME OF CEMETERY OR CREMATORY: Rosebank | LOCATION (City, town, or county) (State): Calvert, Cecil Co. Md.

DATE REC'D BY LOCAL REG. Jan 28-49 | REGISTRAR'S SIGNATURE L D Worthington

24. FUNERAL DIRECTOR: Vera Patterson & Son ADDRESS: Perryville, Md.

VS. A15

RECEIVED
JAN 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 X 131a

0395

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
MARYLAND
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John Iler (Middle) Lum (Last)

4. DATE OF DEATH (Month) 1 (Day) 19 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-30-1886

9. AGE last birthday 62 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Man

10b. KIND OF BUSINESS OR INDUSTRY Ship building

11. BIRTHPLACE (State or foreign country) Chesapeake City, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Lum

14. MOTHER'S MAIDEN NAME Hannah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. 095-10-6418

17. INFORMANT Mrs Etta C. Lum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio-vascular-renal disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1949 to Jan 19, 1949 that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE L Ralph Anderson Jr. (Degree or title) M.D. ADDRESS 233 E Main St. Elkton, Md. DATE SIGNED Jan 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 1-23-1949 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) (State) Nr. Chesapeake City, Md

DATE REC'D BY LOCAL REG. January 21/49 REGISTRAR'S SIGNATURE Wm Ralph McNeal

24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

0396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0

CERTIFICATE OF DEATH

97 Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) F (Last) Lynch
4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 23, 1858
9. AGE last birthday 90 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Day
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William F. Lynch
14. MOTHER'S MAIDEN NAME Mary Jane Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Esther Lynch Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General arteriosclerosis with senile changes unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1948, to Jan 9th, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 8.40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) V. H. McKnight · M.D. ADDRESS Elkton · Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 11, 49
NAME OF CEMETERY OR CREMATORY Principio
LOCATION (City, town, or county) Principio Furnace, (State) Md

DATE REC'D BY LOCAL REG. 1/10/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Lee A. Patterson & Son, ADDRESS Perryville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2 92a

0397

Reg. Diat. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, Institution, or street address where death occurred: Church Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Church St

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William J. Manlove

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife: Florence Manlove

6.(c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): Aug 20, 1868

8. AGE: Years	Months	Days	If less than one day
80	4	22	... hrs. ... min.

9. Birthplace: Carilton Md. (Town, county, and state)

10. Usual occupation: Retd. Farmer

11. Industry or business

FATHER 12. Name: Mark Manlove

13. Birthplace: Carilton Md.

MOTHER 14. Maiden name: Mary E. Conlyn

15. Birthplace: Carilton Md.

16. Informant: Mrs Anny Bouchelle

Address: Church St., Elkton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 16, 1949 (month) (day) (year)

Cemetery or crematory: Carilton

Location: Carilton Md.

18. Funeral director: W. W. Pippin & Son & W. H. Lusby

Address: Elkton Md.

19. Jan 14 1949 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 1949, at 11:10 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 3 1948, to January 12 1949

and that I last saw h... alive on January 10 1949

Immediate cause of death	DURATION
Acute Dilatation of Heart	1 hour
Due to: Cirrhosis Immunfuncing	2 yrs
Due to: Chr. Myocarditis	2 yrs
Due to:	
Other conditions: Geriatric	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. Johnson M.D. M. D. or other

Address: Elkton Md. Date signed: Jan 13, 1949

RECEIVED
JAN 15 1949
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0398

CERTIFICATE OF DEATH

422.1 / 93d

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 91 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rising Sun (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Ella Ida Mask

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William Mask.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 26. 1857

8. AGE:

Years	Months	Days	If less than one day
91	3	7	..... hrs. ..... min.

9. Birthplace: Rising Sun. Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Joseph Haines
13. Birthplace: Rising Sun. Md.

MOTHER
14. Maiden name: Rebecca Lincoln
15. Birthplace: Rising Sun. Md.

16. Informant: Mr. William Henry

Address: Rising Sun. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 6 1949 (month) (day) (year)

Cemetery or ~~crematory~~: Brookview

Location: Rising Sun Md.

18. Funeral director: J. E. Tyson

Address: Rising Sun Md.

19. Jan 5 - 49 (Date rec'd by registrar) Lon Washington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1949 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1948, to Jan 1 1949 and that I last saw her alive on Jan 1 - 1949

Immediate cause of death: Chronic Myocarditis

Due to: arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. C. Dodson M.D. M.D. or other

Address: Rising Sun Md. Date signed: 1-3-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1949
BUREAU V. R.

0399

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

900.0
186.0

CERTIFICATE OF DEATH

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 283 Hollingsworth Manor

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Ellen (Last) Matthews

4. DATE OF DEATH: (Month) January (Day) 14, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8/15/57

9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Port Deposit, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: Carrie Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Etta Lofthouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Comminuted fracture of left femur — Interval between onset and death: 1 month

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Elkton (COUNTY): Cecil (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 15 1948 9 A.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Slipped on ice & fell on steps at home.

22. I hereby certify that I attended the deceased from Dec. 15, 1948, to Jan. 14, 1949, that I last saw the deceased alive on Jan. 14, 1949, and that death occurred at 6.55 P. m., from the causes and on the date stated above.

SIGNATURE: S. Ralph Andrews Jr. (Degree or title): M.D. ADDRESS: 233 E Main St. Elkton Md. DATE SIGNED: 1/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan. 17, 1949

NAME OF CEMETERY OR CREMATORY: Highwell

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: 1/15/49

REGISTRAR'S SIGNATURE: F. R. Frazer

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Perryville, Md.

VS. A15

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JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0460

026x 30c

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 5mos.11days
HOSPITAL OR ~~INSTITUTION~~ ~~STREET ADDRESS~~: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 2217 Minnesota Ave., S.E.

3. NAME OF DECEASED (Type or Print): (First) ALEXIOS (Middle) G. (Last) PAPAGELOPOULOS

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mar.17,1887

9. AGE last birthday: 61 yrs. If under 1 year: Months 9 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 350-16-3832

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-spinal syphilis — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Glomerular nephritis 2. Prostatic hypertrophy

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 7-14-48, 19..., to 1-13, ..., 1949, that I last saw the deceased alive on Jan.13, 1949, and that death occurred at 7:10 AM m., from the causes and on the date stated above.

SIGNATURE E. Brannon (Degree or title) ADDRESS DATE SIGNED

E.P. BRANNON, MD, Acting Chf., Professional Services VAH, Perry Point, Md. Jan.13,1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 1-13-49 — NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetery — LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: Jan-13,1949 — REGISTRAR'S SIGNATURE: Irene E. Daughaday

24. FUNERAL DIRECTOR: J. Frank Joy — ADDRESS: J. FRANK JOY Co., 5406 Illinois Ave., N.W. Washington, D.C.

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JAN 17 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0401

490X / 108

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warwick; Md
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warwick, Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Authur (Last) Raymond

4. DATE OF DEATH: (Month) Jan (Day) 10th. (Year) 19 49

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept 17th, 48

9. AGE last birthday: 1 yrs. If under 1 year: Months 3 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Raymond

14. MOTHER'S MAIDEN NAME: Katherian Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. George Raymond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, lobar left side — Interval between onset and death: 7 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1949, to Jan. 10, 1949, that I last saw the deceased alive on Jan. 10, 1949, and that death occurred at 8:35a. m., from the causes and on the date stated above.

SIGNATURE: Allen R. Cruchley (Degree or title) M.D. ADDRESS: Middletown Del DATE SIGNED: 1/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 1/12/49 NAME OF CEMETERY OR CREMATORY: Warwick Cemetery LOCATION (City, town, or county): Warwick, Md (State):

DATE REC'D BY LOCAL REG.: Jan 11-1949

REGISTRAR'S SIGNATURE: Mrs Harold W. Cheyney

24. FUNERAL DIRECTOR: L. Foster Daniels ADDRESS: Middletown Del

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JAN 13 1949
BUREAU V. S.

0402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

500X

CERTIFICATE OF DEATH

107

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Elkton R.F.D.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.F.D. 4
STREET ADDRESS (If rural, give location) near Elkton

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Viola (Last) Rothwell

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct. 7, 1948

9. AGE last birthday yrs. If under 1 year Months. 3 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Elkton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wilson Ralph Rothwell

14. MOTHER'S MAIDEN NAME Sarah Anna Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho Pneumonia	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Bronchitis	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1949, to Jan 27, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M D ADDRESS Elkton Md DATE SIGNED 1/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan 29/49

NAME OF CEMETERY OR CREMATORY Elkton

LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. 1/29/49

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

0403

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (In this place) 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Aikin Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Margery	Ellen	Rutter		Jan.	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar. 11, 1880	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Ownhome	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Jones	Hattie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	George P. Rutter, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis.	5 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute Bronchitis	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 9, 1949 to Jan 16, 1949 that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE E. J. Benson M.D. (Degree or title) ADDRESS Port Deposit, Md DATE SIGNED 1/18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-20-49	Hopewell	Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 20, 1949	Irene E. Daugherty	Lee A. Patterson & Son,	Perryville Md.

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JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0404

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CERTIFICATE OF DEATH

1316

Reg. Dist. No. 92

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: 122 Collins Ave Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME: Augustus Skinner

3. (b) Social Security Number: 213-05-5998

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Alice Causey Skinner

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec 12 1877

8. AGE: Years: 71 | Months: 0 | Days: 22 | If less than one day: ... hrs. ... min.

9. Birthplace: Easton, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: teamster

FATHER — 12. Name: James Skinner

FATHER — 13. Birthplace: Easton, Md

MOTHER — 14. Maiden name: Joanna Gardner

MOTHER — 15. Birthplace: Easton Md

16. Informant: Alice Skinner

Address: 122 Collins Ave Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-6-49 (month) (day) (year)

Cemetery or crematory: Elkton Colored

Location: Elkton Md

18. Funeral director: Joseph R Grant

Address: North East Md

19. Jan 5 1949 (Date rec'd by registrar) F H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 19 49, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 19 46 to January 3 19 49 and that I last saw him alive on January 3 19 49

Immediate cause of death	DURATION
Uremia Poisoning	6 days
Due to: Chr Parenchymatous Nephritis	6 yrs
Due to:	
Other conditions: Cerebral Hemorrage	4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: James L Johnson MD (M. D. or other)

Address: Elkton Md, Date signed 1/6/49

RECEIVED
JAN 7 1949
BUREAU V. S.

0405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 2 Mo. 20 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reistertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural give location): 308 Main St.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) J.	(Last) STANISLAUS	4. DATE OF DEATH	(Month) 1	(Day) 15	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 2-6-1875	9. AGE last birthday: 73 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Greenfield, Mass.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): SAW	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Hospital Records - VAH, Perry Point, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, terminal

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Heart Disease — Approx. 1½ Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒ No
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1948, to 1-15, 1949, that I last saw the deceased alive on 1-15, 1949, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.P. BRANNON, M.D., ASST. CHIEF, PROFESSIONAL SERVICE - VAH, PERRY POINT, MD. 1-16-49

23. BURIAL CREMATION REMOVAL (Specify)	DATE: 1-16-49	NAME OF CEMETERY OR CREMATORY: Balto. Natural Cem	LOCATION (City, town, or county) (State): Balto, Md.
DATE REC'D BY LOCAL REG.: Jan. 16, 1949	REGISTRAR'S SIGNATURE: Irene E. Dougherty	24. FUNERAL DIRECTOR: WM. COOK, INC., St. Paul & Preston Sts. Baltimore, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 X

0406

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

~~CITY~~ ~~BOROUGH~~ (If outside corporate limits, write RURAL and give nearest town) TOWN Perry Point

LENGTH OF STAY (in this place)

HOSPITAL OR ~~INSTITUTION~~ ~~OR~~ ~~STREET ADDRESS~~ Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ Puerto Rico COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) AUGUSTINO (Middle) (Last) VALASQUEZ

4. DATE OF DEATH (Month) Jan. (Day) 17, (Year) 1949

5. SEX MALE

6. COLOR OR RACE NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH Mar. 4, 1898

9. AGE last birthday 50 yrs. If under 1 year Months 10 Days 13 If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Puerto Rico

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME U nknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) PT

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic poisoning — 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from July 29 1937, to 1-17, 1949, that I last saw the deceased alive on Jan. 17, 1949, and that death occurred at 3:40 PM m., from the causes and on the date stated above.

SIGNATURE A. E. Trollinger (Degree or title) ADDRESS A.E.TROLLINGER, M.D., Chief, Professional Services, VA Hosp., Perry Point, Md. DATE SIGNED 1-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE Jan. 19, 1949

NAME OF CEMETERY OR ~~CREMATORY~~ Baltimore National

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. Jan. 19, 1949

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 493x 0407

2411 N. Charles Street, Baltimore 450.0

CERTIFICATE OF DEATH 97

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
LENGTH OF STAY (in this place): 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Whittingham

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 8, 1852

9. AGE last birthday: 97 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Organist

10b. KIND OF BUSINESS OR INDUSTRY: Professor Of Music

11. BIRTHPLACE (State or foreign country): New Berlin, New York.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Rev. Richard Whittingham

14. MOTHER'S MAIDEN NAME: Sarah Chamberlaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: R.A.W. Whittingham, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Pneumonia — 2 da.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General Attenuata — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan. 4, 1949, to Jan. 10, 1949, that I last saw the deceased alive on Jan 9, 1949, and that death occurred at 5.30 P m. from the causes and on the date stated above.

SIGNATURE: J. F. Magaw — (Degree or title): M.D. — ADDRESS: Perryville Md — DATE SIGNED: Jan. 12, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 13, 1949 — NAME OF CEMETERY OR CREMATORY: St. Marks — LOCATION (City, town, or county) (State): Perryville, Rural, Md.

DATE REC'D BY LOCAL REG.: Jan 12, 1949 — REGISTRAR'S SIGNATURE: Irma E. Daugherty.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville Md.

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

526X

MACB

0408

CERTIFICATE OF DEATH

107

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil N MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Newark New Jersey COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) D (Last) Young

4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH May 31 1883

9. AGE last birthday 65 yrs. If under 1 year Months 7 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stereotyper

10b. KIND OF BUSINESS OR INDUSTRY Newspaper

11. BIRTHPLACE (State or foreign country) Rochester New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Record

14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 147-03-1499

17. INFORMANT Robert H. Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) (b) Chronic Bronchiectasis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1/10/49, 1948, to Jan, 1949, that I last saw the deceased alive on 1/9, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE W H Sadowsky (Degree or title) MD ADDRESS Perryville Md DATE SIGNED 1/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal & burial DATE 1-13-49 NAME OF CEMETERY OR CREMATORY Rosehill LOCATION (City, town, or county) Linden N.J. (State)

DATE REC'D BY LOCAL REG. Jan 11-49 REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

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JAN 14 1949
BUREAU V. S.